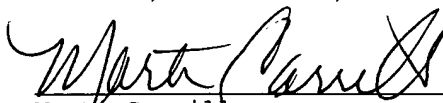




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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 24, 2004.

  
Marta Carrillo

Appl No. : 10/801,901 Confirmation No. 3377  
Applicant : David E. Chen, et al.  
Filed : March 15, 2004  
Title : ATTACHABLE BREAST FORM ENHANCEMENT SYSTEM  
TC/A.U. : 3765  
Examiner : Gloria M. Hale  
Docket No. : 52110/TJD/B437  
Customer No. : 23363

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
September 24, 2004

Commissioner:

In response to the Office action of June 25, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Amendments to the Abstract** begin on page 6 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

PATENT



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER**

*I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 24, 2004.*

Marti Carrillo

Applicant : David E. Chen, et al.  
Application No. : 10/801,901  
Filed : March 15, 2004  
Title : ATTACHABLE BREAST FORM ENHANCEMENT SYSTEM

Grp./Div. : 3765  
Examiner : Gloria M. Hale

Docket No. : 52110/TJD/B437

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
September 24, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	7	*20	-	- x \$9.00	- x \$18.00	-
Independent Claims	3	** 3	-	- x \$43.00	- x \$86.00	-
Multiple Dependent Claims ***				\$145.00	\$290.00	-
TOTAL FILING FEE						-
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 3, 7						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						


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X Attached is our check for \$ to pay the fees calculated above.  
A Petition for Extension of Time and the required fee are enclosed.  
Other enclosures: Terminal Disclaimer

**Amendment Transmittal Letter**  
**Application No. 10/801,901**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By   
Thomas J. Daly  
Reg. No. 32,213  
626/795-9900

TJD/mac

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